

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

217 -62-043682

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 5943 Registrar's No. 5943

VS 300
Rev. 4/59

1 0810

2 0810,

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4 0

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7 0

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9 4330

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12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Phelpsb. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
OR TOWN ~~Flat~~ SPRING CREEKc. FULL NAME OF (If NOT in hospital, give location) Inside Limits
HOSPITAL OR INSTITUTION FLAT Yes ☐ No ☐3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
(Type or print) James Harvey Lewis Nov 21 19625. SEX 6. COLOR OR RACE 7. Married ☐ Never Married ☐
Male White Widowed ☒ Divorced ☐10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Retired Farmer Franklin County U.S.A13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
Abraham Lewis Julia Thronhill ?15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service) None Mrs May Smith Flat, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac + pulmonary arrest

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cachexia + debilitation

2 months

DUE TO (c) infirmities of old age

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

old cerebrovascular accident 12 years ago

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 19 62 to Nov 21, 1962 and last saw him alive on Nov 21, 1962
Death occurred at 8:15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

B J Myers DO.

22b. ADDRESS

Licking, Mo

22c. DATE SIGNED

11-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

25. DATE RECD BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lee Johnson Funeral Home Newburg 11-24-62

Nadene L. Steel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. L. Steward

Licensed Embalmer No.

5043

P. O. Address

Newburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.